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(Re	questor's Name)	
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(Do	cument Number)	
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	JECT:	Corporations Charleswinters LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: Lawles Winters A Rosa Roalty Firm/Company 25/D Quait Park Terrace Address Kissimmee, FL 34743 City/State and Zip Code Charliewinters real for future annual report folitification) on concerning this matter, please call: Since of Person at (HO) Daytime Telephone Number or the following amount: S30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate of Status & Certified Copy Certificate of Status	
	name of Lim	ited Liability Company	
The en	nclosed Articles of Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspondence concerning this matter	to the following:	
•	Ch	avles Winter Name of Person	-5
	La R	osa Roalty Firm/Company	
	25/0	Quait Park Address	Terrace
	Ki:	· ·	34743
	<u>Cha Plie Win</u> E-mail address: (Ters real for eam to be used for future annual report to the	aiL. con ation)
For fur	orther information concerning this matter, please co	•	
	harles Winters Name of Person	at (407 7) Area Code Daytime 7	<u> 20 – 22/8</u> Telephone Number
Enclos	sed is a check for the following amount:		
75 \$2			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Charles Winte (Name of the Limited Liab	bility Company as it now appears on our records.) rida Limited Liability Company)
(A Flori	ida Limited Liability Company)
	Company were filed on 5-5-2016 and assigned
Florida document number <u> </u>	5 (EIN# 81-2227359)
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
Charles Winte	ins LLC
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
	<u>თ</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N
municis mantes man but the board of the board	
	4.2
B. If amending the registered agent and/or reg	gistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Change
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ote: If the date inserted in the ocument's effective date on the	e must be specific and cannot be prior to date of filing or more than 90 days after is block does not meet the applicable statutory filing requirements, this ne Department of State's records. Byed effective date, but not an effective time, at 12:01 a	filing.) Pursuant to 605.0207 (3 s date will not be listed as th
ated $\frac{\sqrt{0-/7}}{}$	2016	
	Karles Istentier	ਰ ਾਂ
	Signature of a member or authorized representative of a member	001
	Charles Winters	127
	Typed or printed name of signee	
	D 4 C4	PH 1: 09
	Page 3 of 3	<u> </u>

Filing Fee: \$25.00